

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

x660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			•	•			
Establishm	ent Name		L Charles (Alas)	Telephone Number \$72 9/3 5994	Date of Inspection PERMIT # (mm/dd/yr)		
			t Chicken (Mobile)	7014 713 3117			
			mber and street, city, state, zip code)	21. 201 2/10	2/5/	2020	
22 Kr	••Kvicu	<u> </u>	7 Now Albay, 12 47150	812 894 3615			
Owner		٠.		Purpose:	Follow-up Release Date		
Cosmo	5 Cro	<u>.t+</u>	Chiles 11c	1. Routine	YES 10 days		
Owner's A	ddress		-	2. Follow-up	Summary of Violations:		
				3. Complaint	l m h h		
Person jn C	harge	. 1	/	4. Pre-Operational	C() NC() R()		
1 stris	k Cr	ь,	re/Zone Hitchison	5. Temporary	4 4		
Responsible	e Person's	E-ma	il /		Menu Type (See back of page)		of page)
				6. HACCP			,
Certified F	ood Manag	er	1	Other (list)	12345		
Must	-bfain	w	thin 90 days of permit	Walk Wough			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			то ве Сс	rrected by
		Discussed plan review and permitting timeline					
			,		•		
			the same is and as 11/	1. 4			
	Truck appears in good condition						
	Discussed 7.55ible and for series or fors						
			•				
•					,		
		_		-			
							-
		L_					
Received by	name and	title	printed):	Inspected by (name and title p	rinted):		
Received by (signature): Received by (signature): Inspected by (signature):							
b o d - d - do							
YOUNGE CAPELLY							
cc:			cc:		cc:		